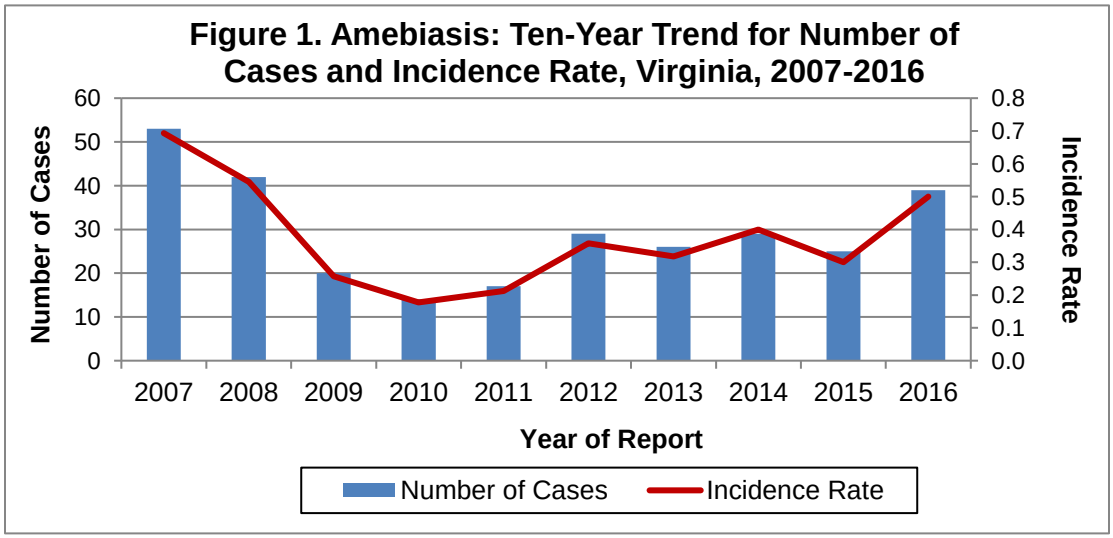
Amebiasis

Agent: *Entamoeba histolytica* (parasite)
Mode of Transmission: Ingestion of food or water contaminated with amebic cysts, by fecal-oral contact with an infected person, or by swallowing cysts picked up from contaminated surfaces or fingers.
Signs/Symptoms: Most infections are asymptomatic. Symptomatic infections are often mild and can include diarrhea, stomach pain, and stomach cramping. Amebic dysentery is a severe form of amebiasis associated with diarrhea (which may be bloody or contain mucus), fever, and chills. In a small number of cases, the parasite invades other body sites, such as the liver, lung, brain, or skin.
Prevention: Hands should be washed carefully after using the bathroom, after changing diapers or cleaning a child who has used the bathroom, and before preparing and eating food. When traveling to a country with poor sanitary conditions, do not eat or drink the following: fountain drinks or any drinks with ice cubes; fresh fruit or vegetables that you did not peel yourself; milk, cheese, or dairy products that may not have been pasteurized; anything sold by street vendors; or water unless it is bottled or has been boiled for 1 minute or made safe by filtering it through an "absolute 1 micron or less" filter and dissolving chlorine, chlorine dioxide, or iodine tablets in the filtered water.
Other Important Information: Amebiasis can affect anyone, but it is most common in people who live in tropical areas with poor sanitary conditions. In the United States, it is mainly seen in people who travel to or emigrate from these tropical areas, people living in institutions with poor sanitary conditions, and in men who have sex with men.

Amebiasis: 2016 Data Summary	
Number of Cases:	39
5-Year Average Number of Cases:	25.2
% Change from 5-Year Average:	+55%
Incidence Rate per 100,000:	0.5

Thirty-nine cases of amebiasis were reported in Virginia during 2016, which was noticeably higher than the 25 cases reported in 2015, and 55% higher than the five-year average of 25.2 cases per year (Figure 1). In 2009, the national surveillance case definition was changed and



required that individuals with laboratory-confirmed infection also be symptomatic to be counted for surveillance purposes. Since 2012, the number of newly reported cases has remained stable, with the first increase occurring in 2016.

Among cases reported in 2016, the highest number of cases and incidence rate occurred in the 50-59 year age group (13 cases, 1.1 per 100,000). This was followed closely by the less than 1 year age group with an incidence rate of 1.0 per 100,000. All other age groups had rates that ranged from 0.3 to 0.5 per 100,000 population. Race was reported for just 31% of the cases and, therefore, cannot be an accurate demographic indicator for this condition. Incidence was slightly higher in males (0.5 per 100,000) than females (0.4 per 100,000).

Twenty-four of the thirty-nine cases of amebiasis were reported from the northern health planning region (incidence rate of 1.0 per 100,000). Five cases were reported from the eastern region (0.3 per 100,000) and four cases each from the central and northwest regions (0.3 per 100,000 population each). Two cases were reported from the southwest region (0.1 per 100,000). For incidence rates by locality, please see the map below. Cases occurred throughout the year, with 33% being reported during the fourth quarter (October through December). No outbreaks or deaths attributed to amebiasis were reported in Virginia in 2016.

Amebiasis Incidence Rate by Locality
Virginia, 2016